CLAIM AMENDMENTS

Please add new claim 57-59.

1. **(Previously presented)** A method of treating a subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage of a human anti-TNFα antibody, or an antigen-binding fragment thereof, that dissociates from human TNFα with a K_d of 1 x 10^{-8} M or less and a K_{off} rate constant of 1 x 10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1 x 10^{-7} M or less, such that said PsA is treated, wherein the dosage of the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

2. **(Canceled)**

3. **(Previously presented)** A method of treating a subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage of a human anti-TNFα antibody, or an antigen-binding fragment thereof, with a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2, wherein the dosage of the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

4. **(Previously Presented)** The method of claim 1 or 3, wherein the antibody is adalimumab, or an antigen-binding fragment thereof.

5-11. **(Canceled)**

12. **(Previously presented)** A method for inhibiting human TNFα activity in a human subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of dosage of a human anti-TNFα antibody, or an antigen-binding

fragment thereof, that dissociates from human TNFα with a K_d of 1 x 10^{-8} M or less and a K_{off} rate constant of 1 x 10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1 x 10^{-7} M or less, wherein the dosage of the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

13-17. **(Canceled)**

18. **(Previously Presented)** A method of treating a subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage comprising about 40 mg of adalimumab, or an antigen-binding fragment thereof, to the subject, such that said PsA is treated.

19-21. **(Canceled)**

22. **(Previously Presented)** A method of treating a subject suffering from a psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage of adalimumab, or an antigen-binding fragment thereof, and at least one additional therapeutic agent to the subject, such that said PsA is treated, wherein the dosage of adalimumab, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

23. **(Original)** The method of claim 22, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

24-25. **(Canceled)**

26. **(Previously Presented)** A method for inhibiting human TNFα activity in a human subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage a human anti-TNFα antibody, or an antigen-binding fragment thereof, with a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2, wherein the dosage of the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

27. **(Previously Presented)** A method for inhibiting human TNFα activity in a human subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a dosage of adalimumab, wherein the dosage of the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

28. **(Previously Presented)** The method of claim 1, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

29. **(Previously Presented)** The method of claim 3, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

30. **(Previously Presented)** The method of claim 4, wherein each dosage comprises 20-80 mg of adalimumab.

31. **(Previously Presented)** The method of claim 12, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

32. **(Previously Presented)** The method of claim 26, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

33. **(Previously Presented)** The method of claim 27, wherein each dosage comprises 20-80 mg of adalimumab.

34. **(Previously Presented)** The method of claim 1, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

35. **(Previously Presented)** The method of claim 3, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

36. **(Previously Presented)** The method of claim 12, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

37. **(Previously Presented)** The method of claim 26, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

38. **(Previously Presented)** The method of claim 27, wherein each dosage comprises about 40 mg of adalimumab.

39. **(Previously Presented)** The method of claim 1, further comprising administering to the subject at least one additional therapeutic agent.

40. **(Previously Presented)** The method of claim 39, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

41. **(Previously Presented)** The method of claim 3, further comprising administering to the subject at least one additional therapeutic agent.

42. **(Previously Presented)** The method of claim 41, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

43. **(Previously Presented)** The method of claim 12, further comprising administering to the subject at least one additional therapeutic agent.

44. **(Previously Presented)** The method of claim 43, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

45. **(Previously Presented)** The method of claim 26, further comprising administering to the subject at least one additional therapeutic agent.

46. **(Previously Presented)** The method of claim 45, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

47. **(Previously Presented)** The method of claim 27, further comprising administering to the subject at least one additional therapeutic agent.

48. **(Previously Presented)** The method of claim 47, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

49. **(Previously Presented)** A method of treating psoriatic arthritis in a subject, consisting of biweekly, subcutaneous administration to the subject of a dosage consisting of 10-150 mg of a human anti-TNFα antibody, or an antigen-binding fragment thereof, and a pharmaceutically acceptable carrier, wherein the anti-TNFα antibody dissociates from human TNFα with a K_d of 1×10^{-8} M or less and a K_{off} rate constant of 1×10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less, such that said psoriatic arthritis is treated.

50. **(Previously Presented)** The method of claim 49, wherein the human anti-TNFα antibody comprises a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO:1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO:2.

51. **(Previously Presented)** The method of claim 49, wherein the human anti-TNFα antibody is adalimumab, or an antigen-binding fragment thereof.

52. **(Previously Presented)** The method of any one of claims 49-51, wherein the dosage consists of 20-80 mg of the antibody, or an antigen-binding fragment thereof.

53. **(Previously Presented)** The method of any one of claims 49-51, wherein the dosage consists of about 40 mg of the antibody, or an antigen-binding fragment thereof.

54. **(Previously Presented)** A method of treating psoriatic arthritis in a subject, comprising subcutaneous administration to the subject of a dosage of a human anti-TNFα antibody, or an antigen-binding fragment thereof, that dissociates from human TNFα with a K_d of 1 x 10^{-8} M or less and a K_{off} rate constant of 1 x 10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1 x 10^{-7} M or less, such that said psoriatic arthritis is treated, wherein the dosage of the human anti-TNFα antibody, or an antigen-binding fragment thereof, comprises 10-150 mg and is the same dosage throughout the course of treatment.

55. **(Previously Presented)** The method of claim 54, wherein the human anti-TNFα antibody comprises a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO:1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO:2.

56. **(Previously Presented)** The method of claim 54, wherein the human anti-TNFα antibody is adalimumab, or an antigen-binding fragment thereof.

57. **(New)** A method of treating a subject suffering from psoriatic arthritis (PsA) comprising subcutaneously administering to the subject a dosage of 10-40 mg of a human anti-TNFα antibody, or an antigen-binding fragment thereof, that dissociates from human TNFα with a K_d of 1 x 10^{-8} M or less and a K_{off} rate constant of 1 x 10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1 x 10^{-7} M or less, such that PsA in the subject is treated.

58. **(New)** The method of claim 57, wherein the human anti-TNFα antibody, or antigen-binding fragment thereof, comprises a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2.

59. **(New)** The method of claim 57, wherein the human anti-TNFα antibody is adalimumab, or an antigen-binding fragment thereof.